

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	4		4		4	
TOTAL DEP.	36		36		36	
TOTAL CLAIMS	40		40		40	

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51		1										
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100												
TOTAL IND.	4		4		4		4		4		4	
TOTAL DEP.	36		36		36		36		36		36	
TOTAL CLAIMS	40		40		40		40		40		40	